

Case Number:	CM13-0065306		
Date Assigned:	01/03/2014	Date of Injury:	01/05/2003
Decision Date:	05/07/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 42-year-old male who reported injury on 1/5/03. The mechanism of injury was lifting a barbeque island. The injured worker's medication history includes Lunesta, methadone, Nexium, Norco, Phenergan, Soma, Clonidine, and sertraline as of 2012. Documentation of 11/11/13 revealed the injured worker had low back pain that was described as a sharp shooting type pain radiating to the right lower extremity and the injured worker felt it was constant. It was indicated that the Topamax helped for sharp shooting pain, but the injured worker felt Clonidine helped more than Topamax for sharp shooting pains. The injured worker indicated that the methadone had been decreased enough and did not want to taper it further. The diagnoses included low back pain, facet syndrome, lumbosacral radiculopathy, chronic pain syndrome, and depression. The treatment plan included medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

20 LUNESTA 3MG WITH 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The Official Disability Guidelines do not recommend Lunesta for a long term use, but recommend it for short term use. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication for over a year. There was a lack of documentation of functional benefit received from the medication. The request as submitted failed to indicate the frequency for the medication. There was a lack of documentation indicating a necessity for two refills without reassessment. Given the above, the request for prescription of Lunesta is not medically necessary.

90 METHADONE 10MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60,78.

Decision rationale: The California MTUS Guidelines recommend opioids for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been taking the medication for over a year. There was a lack of documentation of the above criteria. The request as submitted failed to indicate the frequency for the medication. Given the above, the request for a prescription of methadone is not medically necessary.

30 NEXIUM 40MG WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: The California MTUS guidelines recommend proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated that the injured worker had been taking the medication for over a year. There was a lack of documentation of efficacy for the requested medication. Additionally, the request as submitted failed to indicate the frequency for the medication. There was a lack of documentation indicating the necessity for three refills without re-evaluation. Given the above, the request for a prescription of Nexium is not medically necessary.

100 NORCO 10/325MG WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60,78.

Decision rationale: The California MTUS Guidelines recommend opioids for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated that the injured worker had been taking the medication for over a year. There was a lack of documentation of the above criteria. The request as submitted failed to indicate the frequency for the medication. There was a lack of documentation for the necessity for two refills without re-evaluation. Given the above, the request for a prescription of Norco is not medically necessary.

60 PHENERGEN 25MG WITH 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The Official Disability Guidelines do not recommend antiemetics for nausea and vomiting secondary to chronic opioid use. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for over a year. There was a lack of documentation of the efficacy of the requested medication. Additionally, the request as submitted failed to indicate the frequency for the medication. There was a lack of documentation indicating the need for two refills without reassessment. Given the above, the request for a prescription of Phenergan is not medically necessary.

30 SOMA 350MG WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, page 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as second line option for the short term treatment of acute low back pain. Use is recommended for less than three weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for over a year. There was a lack of documentation of objective functional benefit received from the medication. There was a lack of documentation indicating the necessity for two refills. The request as submitted failed to indicate the request for medication. Given the above, the request for a prescription of Soma is not medically necessary.

60 CLONIDINE 0.1MG WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 34.

Decision rationale: The California MTUS guidelines indicate that Clonidine has historically been prescribed for hypertension, but have found no uses including the treatment of some types of neuropathic pain. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication for over a year for the treatment of neuropathic pain. There was a lack of documentation of objective functional benefit and an objective decrease in pain. The request as submitted failed to indicate the frequency for the medication. The request as submitted failed to indicate the necessity for three refills without re-evaluation. Given the above, the request for a prescription of Clonidine is not medically necessary.

30 SERTALINE 100MG WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: The California MTUS guidelines recommend antidepressants as a first line option for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain and an objective functional improvement to support continued use. The clinical documentation submitted for review indicated that the injured worker had been on the medication for over a year. There was a lack of documentation of objective functional benefit received from the medication. The request as submitted failed to indicate the frequency for the medication. The request failed to indicate the necessity for three refills without reassessment. Given the above, the request for a prescription of sertraline is not medically necessary.